

PAY ACCOUNT INQUIRY

NAME: (Last, First, MI)		SSN:	
UNIT/ADDRESS:	UIC:	WORK PHONE:	
QUESTION/PROBLEM: (continue on reverse if necessary)			
SIGNATURE: (unsigned inquiries will not be processed)		DATE:	
FOR DISBURSING PERSONNEL USE ONLY			
DATE/TIME RECEIVED:	INITIAL:	DATE/TIME COMPLETED:	INITIAL:
RESPONSE:			
DATE/TIME PHONED:	INITIAL:	DATE/TIME MAILED:	INITIAL:
PREPARED BY:	SIGNATURE:		DATE: